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EXAMINER	
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3626	

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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No.	Applicant(s)	
	10/053,436	O'BRIEN ET AL.	
	Examiner	Art Unit	
	Mike Tomaszewski	3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

1)☒ Responsive to communication(s) filed on *05 October 2007*.

2a)☒ This action is **FINAL**. 2b)☐ This action is non-final.

3)☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

4)☒ Claim(s) *1-14,16,17 and 19-35* is/are pending in the application.

4a) Of the above claim(s) _____ is/are withdrawn from consideration.

5)☐ Claim(s) _____ is/are allowed.

6)☒ Claim(s) *1-14,16,17 and 19-35* is/are rejected.

7)☐ Claim(s) _____ is/are objected to.

8)☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

9)☐ The specification is objected to by the Examiner.

10)☐ The drawing(s) filed on _____ is/are: a)☐ accepted or b)☐ objected to by the Examiner.

Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).

Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).

11)☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

12)☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).

a)☐ All b)☐ Some * c)☐ None of:

1.☐ Certified copies of the priority documents have been received.

2.☐ Certified copies of the priority documents have been received in Application No. _____.

3.☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

1) ☒ Notice of References Cited (PTO-892)
2) ☐ Notice of Draftsperson's Patent Drawing Review (PTO-948)
3) ☐ Information Disclosure Statement(s) (PTO/SB/08) Paper No(s)/Mail Date _____.
4) ☐ Interview Summary (PTO-413) Paper No(s)/Mail Date. _____.
5) ☐ Notice of Informal Patent Application
6) ☐ Other: _____.

DETAILED ACTION

Notice To Applicant

1. This communication is in response to the amendment filed on 10/5/07. Claims 15 and 18 have been cancelled. Claims 1, 9, 12, 17, 23 have been amended. Claims 1-14, 16-17 and 19-35 are pending.

Claim Rejections - 35 USC § 103

2. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

> (a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negatived by the manner in which the invention was made.

3. Claims 1-14, 16-17 and 19-35 are rejected under 35 U.S.C. 103(a) as being unpatentable over *Ballantyne et al.* (5,867,821; hereinafter *Ballantyne*), in view of *Soll et al.* (2003/0055679; hereinafter *Soll*), in view of *Joao* (6,283,761; hereinafter *Joao*), and in view of Carlile (US 2002/0016967; hereinafter Carlile).

(A) As per claim 1, *Ballantyne* discloses an interactive system for providing information to patients in a non-hospital medical setting comprising:

(1) at least one video display unit located within at least one examination/consultation room in a medical setting (*Ballantyne*: abstract; col. 2, lines 12-15; Fig. 1-12B);

(2) a list of available medical programs for viewing by a patient (*Ballantyne*: abstract; col. 8, line 65-col. 10, line 9; Fig. 1-12B);

(3) a manual device for entering a program number selected from said list by said patient (*Ballantyne*: abstract; col. 8, line 65-col. 10, line 9; Fig. 1-12B); and

(4) an electronic device containing a plurality of video files connected to said at least one video display so that a program selected by said patient using said manual device is provided by said electronic device to said at least one video display unit (*Ballantyne*: abstract; col. 8, line 65-col. 10, line 9; Fig. 1-12B).

Ballantyne, however, fails to *expressly* disclose an interactive system for providing information to patients in a medical setting comprising:

(5) at least one video display unit located within at least one examination/consultation room in a non-hospital medical setting;

(6) means for changing and updating said video files on said electronic device;

(7) medical programs having a program number associated therewith;

(8) manual device having means for transmitting a signal directly to video display unit; and

(9) electronic display device having means for receiving a signal from said video display unit identifying said program selected by patient.

Nevertheless, these features are old and well known in the art, as evidenced by *Soll* and *Joao*. In particular, *Soll* and *Joao* discloses an interactive system for providing information to patients in a medical setting comprising:

(5) at least one video display unit located within at least one examination/consultation room in a *non-hospital* medical setting (*Soll*: ¶¶ [0080] – [0082]) (Examiner also notes that *Ballantyne* strongly suggests this feature, albeit not expressly.);

(6) means for changing and updating said video files on said electronic device (*Joao*: abstract; col. 16, line 4-col. 20, line 39);

(7) medical programs having a program number associated therewith (*Carlile*: abstract; ¶¶ [0011] – [0016]; Fig. 1);

(8) manual device having means for transmitting a signal directly to video display unit (*Carlile*: abstract; ¶¶ [0011] – [0016]; Fig. 1); and

(9) electronic display device having means for receiving a signal from said video display unit identifying said program selected by patient (*Carlile*: abstract; ¶¶ [0011] – [0016]; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Soll* with the teachings of *Ballantyne* , *Joao* and *Carlile* with the motivation of providing an apparatus and a method for processing and/or for providing healthcare-related information to individuals, such as patients (*Soll*: abstract).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Joao* with the teachings of *Ballantyne*, *Soll* and *Carlile* with the motivation of providing an apparatus and a method for processing and/or for providing healthcare-related information to individuals, such as patients (*Joao*: col. 8, lines 3-7).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Carlile* with the teachings of *Ballantyne*, *Soll* and *Joao* with the motivation of providing an apparatus and a method for processing and/or for providing healthcare-related information to individuals, such as patients (*Carlile*: abstract).

(B) As per claim 2, *Ballantyne* fails to *expressly* disclose an interactive system according to claim 1, wherein said changing and updating means is external to said medical setting.

Nevertheless, these features are old and well known in the art, as evidenced by *Joao*. In particular, *Joao* discloses an interactive system according to claim 1, wherein said changing and updating means is external to said medical setting (*Joao*: abstract; col. 16, line 4-col. 20, line 39; Fig. 1-15B).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Joao* with the teachings of *Ballantyne*, *Soll* and *Carlile* with the motivation of providing an apparatus and a method for processing and/or for providing healthcare-related information to individuals, such as patients (*Joao*: col. 8, lines 3-7).

(C) As per claim 3, *Ballantyne* fails to *expressly* disclose an interactive system according to claim 1, wherein said changing and updating means is internal to said medical setting.

Nevertheless, these features are old and well known in the art, as evidenced by *Joao*. In particular, *Joao* discloses an interactive system according to claim 1, wherein said changing and updating means is internal to said medical setting (*Joao*: abstract; col. 16, line 4-col. 20, line 39; Fig. 1-15B).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Joao* with the teachings of *Ballantyne*, *Soll* and *Carlile* with the motivation of providing an apparatus and a method for processing and/or for providing healthcare-related information to individuals, such as patients (*Joao*: col. 8, lines 3-7).

(D) As per claim 4, *Ballantyne* discloses an interactive system for providing information to patients in a medical setting comprising:

(1) at least one video display unit located within a medical setting (*Ballantyne*: abstract; col. 2, lines 12-15; Fig. 1-12B);

(2) a list of available programs for viewing by a patient (*Ballantyne*: abstract; col. 8, line 65-col. 10, line 9; Fig. 1-12B);

(3) a manual device for entering a program number selected from said list by said patient (*Ballantyne*: abstract; col. 8, line 65-col. 10, line 9; Fig. 1-12B);

(4) an electronic device containing a plurality of video files connected to said at least one video display so that a program selected by said patient using said manual device is provided by said electronic device to said at least one video display unit (*Ballantyne*: abstract; col. 8, line 65-col. 10, line 9; Fig. 1-12B); and

(5) said electronic device maintaining each program selected by said viewer (*Ballantyne*: abstract; col.6, line 66-col. 7, line 1; Fig. 1-12B).

Ballantyne, however, fails to *expressly* disclose an interactive system for providing information to patients in a medical setting comprising:

(6) said electronic device maintaining *a log* of each program selected by said viewer; and

(7) means for changing and updating said video files on said electronic device.

Nevertheless, these features are old and well known in the art, as evidenced by *Joao*. In particular, *Joao* discloses an interactive system for providing information to patients in a medical setting comprising:

(6) said electronic device maintaining *a log* of each program selected by said viewer (Soll: ¶¶ [0055], [0181] – [0184]); and

(7) means for changing and updating said video files on said electronic device (Joao: abstract; col. 16, line 4-col. 20, line 39).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Soll* with the teachings of *Ballantyne*, *Joao* and *Carlile* with the motivation of providing an apparatus and a method for processing and/or for providing healthcare-related information to individuals, such as patients (*Soll*: abstract).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Joao* with the teachings of *Ballantyne*, *Soll* and *Carlile* with the motivation of providing an apparatus and a method for processing and/or for providing healthcare-related information to individuals, such as patients (*Joao*: col. 8, lines 3-7).

(E) As per claim 5, *Ballantyne* fails to *expressly* disclose an interactive system according to claim 4, wherein said changing and updating means comprises means for accessing data in said log maintained by said electronic device.

Nevertheless, these features are old and well known in the art, as evidenced by *Joao*. In particular, *Joao* discloses an interactive system according to claim 4, wherein said changing and updating means comprises means for accessing data in said log maintained by said electronic device (*Joao*: abstract; col. 16, line 4-col. 20, line 39; Fig. 1-15B).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Joao* with the teachings of *Ballantyne*, *Soll* and *Carlile* with the motivation of providing an apparatus and a method for processing and/or for providing healthcare-related information to individuals, such as patients (*Joao*: col. 8, lines 3-7).

(F) As per claim 6, *Ballantyne* discloses an interactive system according to claim 4, further comprising said changing and updating means communicating with said electronic device via a satellite link (*Ballantyne*: abstract; col. 6, lines 47-57; Fig. 1-12B).

(G) As per original claim 7, *Ballantyne* fails to *expressly* disclose an interactive system according to claim 4, further comprising said changing and updating means communicating with said electronic device via at least one of a telephone line and a terrestrial line.

Nevertheless, these features are old and well known in the art, as evidenced by *Joao*. In particular, *Joao* discloses an interactive system according to claim 4, further comprising said changing and updating means communicating with said electronic device via at least one of a telephone line and a terrestrial line (*Joao*: abstract; col. 3, lines 45-53; Fig. 1-15B).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Joao* with the teachings of *Ballantyne*, *Soll* and *Carlile* with the motivation of providing an apparatus and a method for processing and/or for providing healthcare-related information to individuals, such as patients (*Joao*: col. 8, lines 3-7).

(H) As per claim 8, *Ballantyne* fails to *expressly* discloses an interactive system according to claim 4, wherein said changing and updating means comprises an electronic device located at a location remote from said medical setting.

Nevertheless, these features are old and well known in the art, as evidenced by *Joao*. In particular, *Joao* discloses an interactive system according to claim 4, wherein said changing and updating means comprises an electronic device located at a location remote from said medical setting (*Joao*: abstract; col. 3, line 33-col. 4, line 5; Fig. 1-15B).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Joao* with the teachings of *Ballantyne*, *Soll* and *Carlile* with the motivation of providing an apparatus and a method for processing and/or for providing healthcare-related information to individuals, such as patients (*Joao*: col. 8, lines 3-7).

(I) As per claim 9, *Ballantyne* discloses an interactive system according to claim 1, wherein said plurality of video files on said electronic device include video programs about healthcare information (*Ballantyne*: abstract; col. 1, line 65-col. 2, line 62; Fig. 1-12B).

The Examiner has noted insofar as claim 9 recites "at least one of medical news, medical illustrations, product education, medical conditions and healthcare information," healthcare information has been recited.

(J) As per claim 10, *Ballantyne* fails to *expressly* disclose an interactive system according to claim 9, wherein at least some of said video programs contain advertisements for medical products and instructions for taking such medical products.

Nevertheless, these features are old and well known in the art, as evidenced by *Joao*. In particular, *Joao* discloses an interactive system according to claim 9, wherein at least some of said video programs contain advertisements for medical products and instructions for taking such medical products (*Joao*: abstract; col. 16, line 33-col. 20, line 39; Fig. 1-15B).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Joao* with the teachings of *Ballantyne*, *Soll* and *Carlile* with the motivation of providing an apparatus and a method for processing and/or for providing healthcare-related information to individuals, such as patients (*Joao*: col. 8, lines 3-7).

(K) As per claim 11, *Ballantyne* discloses an interactive system according to claim 1, wherein said list of available programs comprises an on-screen display of said available programs (*Ballantyne*: abstract; col. 8, line 65-col. 10, line 27; Fig. 1-12B).

(L) As per claim 12, *Ballantyne* discloses an interactive system for providing information to patients in a medical setting comprising:

(1) at least one video display unit located within a medical setting (*Ballantyne*: abstract; col. 2, lines 12-15; Fig. 1-12B);

(2) a list of available medical programs for viewing by a patient (*Ballantyne*: abstract; col. 8, line 65-col. 10, line 9; Fig. 1-12B);

(3) a manual device for entering a program number selected from said list by said patient (*Ballantyne*: abstract; col. 8, line 65-col. 10, line 9; Fig. 1-12B);

(4) an electronic device containing a plurality of video files connected to said at least one video display so that a program selected by said patient using said manual device is provided by said electronic device to said at least one video display unit (*Ballantyne*: abstract; col. 8, line 65-col. 10, line 9; Fig. 1-12B); and

(5) a hand-held user interface containing said list of available programs and said manual device (*Ballantyne*: abstract; col. 8, line 65-col. 10, line 27; Fig. 1-12B).

Ballantyne, however, fails to *expressly* disclose an interactive system for providing information to patients in a medical setting comprising:

(6) means for changing and updating said video files on said electronic device;

(7) printed list of medical programs having a program number associated therewith; and

(8) manual device directly transmitting said selected program number to said video display unit.

Nevertheless, these features are old and well known in the art, as evidenced by *Joao*. In particular, *Joao* discloses an interactive system for providing information to patients in a medical setting comprising:

(6) means for changing and updating said video files on said electronic device (*Joao*: abstract; col. 16, line 4-col. 20, line 39);

(7) printed list of medical programs having a program number associated therewith (*Carlile*: abstract; ¶¶ [0011] – [0016]; Fig. 1); and

(8) manual device directly transmitting said selected program number to said video display unit (*Carlile*: abstract; ¶¶ [0011] – [0016]; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Joao* with the teachings of *Ballantyne* and *Carlile* with the motivation of providing an apparatus and a method for processing and/or for providing healthcare-related information (*Joao*: col. 8, lines 3-7).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Carlile* with the teachings of *Ballantyne* and *Joao* with the motivation of providing an apparatus and a method for processing and/or for providing healthcare-related information to individuals, such as patients (*Carlile*: abstract).

(M) As per claim 13, *Ballantyne* discloses an interactive system according to claim further comprising said manual device comprising a remote control device having a keypad, touchpad, mouse or keyboard (*Ballantyne*: abstract; col. 8, line 65-col. 10, line 27; Fig. 1-12B).

(N) As per claim 14, *Ballantyne* discloses an interactive system according to claim 1, further comprising said at least one video display unit comprising at least one television monitor located within a patient examining room in said non-hospital medical setting (*Ballantyne*: abstract; col. 1, line 65-col. 2, line 63; Fig. 1-12B).

(O) As per claim 16, *Ballantyne* fails to *expressly* disclose an interactive system according to claim 1, further comprising said at least one video display unit comprising at least one television monitor located in a pharmacy setting.

Nevertheless, these features are old and well known in the art, as evidenced by *Joao*. In particular, *Joao* discloses an interactive system according to claim 1, further comprising said at least one video display unit comprising at least one television monitor located in a pharmacy setting (*Joao*: abstract; col. 23, line 60-col. 24, line 11; Fig. 1-15B).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Joao* with the teachings of *Ballantyne* and *Soll* with the motivation of providing an apparatus and a method for processing and/or for providing healthcare-related information to individuals, such as patients (*Joao*: col. 8, lines 3-7).

(P) As per claim 17, *Ballantyne* discloses an interactive system for providing information to patients in a medical setting comprising:

(1) at least one video display unit located within a medical setting (*Ballantyne*: abstract; col. 2, lines 12-15; Fig. 1-12B);

(2) a list of available programs containing medical content for viewing by a patient (*Ballantyne*: abstract; col. 8, line 65-col. 10, line 9; Fig. 1-12B);

(3) a manual device having means for entering a program number selected from said list by said patient (*Ballantyne*: abstract; col. 8, line 65-col. 10, line 9; Fig. 1-12B);

(4) a server containing a plurality of video files connected to said at least one monitor so that a program selected by said patient using said manual

device is provided by said electronic device to said at least one video display unit (*Ballantyne*: abstract; col. 8, line 65-col. 10, line 9; Fig. 1-12B); and

(5) said medical setting having a plurality of patient examining/consultation rooms and said system including a television monitor in each of said examining/consultation rooms (*Ballantyne*: abstract; col. 1, line 65-col. 2, line 63; col. 8, line 65-col. 10, line 27; Fig. 1-12B).

Ballantyne, however, fails to *expressly* disclose an interactive system for providing information to patients in a medical setting comprising:

(6) means for changing and updating said video files on said server;

(7) video display unit comprising a television monitor;

(8) list including program number for each said available program;

(9) means for transmitting a signal directly to said television monitor;

(10) server having means for receiving a signal transmitted by said television monitor which identifies said selected program number and means for displaying on said television monitor;

(11) each said television monitor being connected to said server.

Nevertheless, these features are old and well known in the art, as evidenced by *Joao*. In particular, *Joao* discloses an interactive system for providing information to patients in a medical setting comprising:

(6) means for changing and updating said video files on said electronic device (*Joao*: abstract; col. 16, line 4-col. 20, line 39);

(7) video display unit comprising a television monitor (*Carlile*: abstract; ¶¶ [0011] – [0016]; Fig. 1);

(8) list including program number for each said available program (*Carlile*: abstract; ¶¶ [0011] – [0016]; Fig. 1);

(9) means for transmitting a signal directly to said television monitor (*Carlile*: abstract; ¶¶ [0011] – [0016]; Fig. 1);

(10) server having means for receiving a signal transmitted by said television monitor which identifies said selected program number and means for displaying on said television monitor (*Carlile*: abstract; ¶¶ [0011] – [0016]; Fig. 1);

(11) each said television monitor being connected to said server (*Carlile*: abstract; ¶¶ [0011] – [0016]; Fig. 1).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Joao* with the teachings of *Ballantyne*, *Soll* and *Carlile* with the

motivation of providing an apparatus and a method for processing and/or for providing healthcare-related information to individuals, such as patients (*Joao*: col. 8, lines 3-7).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Carlile* with the teachings of *Ballantyne*, *Soll* and *Joao* with the motivation of providing an apparatus and a method for processing and/or for providing healthcare-related information to individuals, such as patients (*Carlile*: abstract).

(Q) As per claim 19, *Ballantyne* discloses an interactive system according to claim 1, further comprising a plurality of video display units in said medical setting and said electronic device having a capability to simultaneously provide the same program content to each of said video display units (*Ballantyne*: abstract; col. 1, line 65-col. 2, line 63; col. 8, line 65-col. 10, line 27; Fig. 1-12B).

(R) As per claim 20, *Ballantyne* discloses an interactive system according to claim 1, wherein said list of available programs comprises a list of channels and a program associated with each of said channels (*Ballantyne*: abstract; col. 1, line 65-col. 2, line 63; col. 8, line 65-col. 10, line 27; Fig. 1-12B).

(S) As per claim 21, *Ballantyne* discloses an interactive program for providing information to patients in a medical setting comprising:

(1) at least one video display unit located within a medical setting (*Ballantyne*: abstract; col. 2, lines 12-15; Fig. 1-12B);

(2) a list of available programs for viewing by a patient (*Ballantyne*: abstract; col. 8, line 65-col. 10, line 9; Fig. 1-12B);

(3) a manual device for entering a program number selected from said list by said patient (*Ballantyne*: abstract; col. 8, line 65-col. 10, line 9; Fig. 1-12B);

(4) an electronic device containing a plurality of video files connected to said at least one video display so that a program selected by said patient using said manual device is provided by said electronic device to said at least one video display unit (*Ballantyne*: abstract; col. 8, line 65-col. 10, line 9; Fig. 1-12B); and

(5) said manual device comprising a device for generating an infrared signal and said at least one video display unit has means for receiving said infrared signal and for transmitting said infrared signal to said electronic device (*Ballantyne*: abstract; col. 1, line 65-col. 2, line 63; col. 8, line 65-col. 10, line 27; Fig. 1-12B).

Ballantyne, however, fails to *expressly* disclose an interactive system for providing information to patients in a medical setting comprising:

(6) means for changing and updating said video files on said electronic device.

Nevertheless, these features are old and well known in the art, as evidenced by *Joao*. In particular, *Joao* discloses an interactive system for providing information to patients in a medical setting comprising:

(6) means for changing and updating said video files on said electronic device (*Joao*: abstract; col. 16, line 4-col. 20, line 39).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Joao* with the teachings of *Ballantyne*, *Soll* and *Carlile* with the motivation of providing an apparatus and a method for processing and/or for providing healthcare-related information to individuals, such as patients (*Joao*: col. 8, lines 3-7).

(T) As per claim 22, *Ballantyne* discloses an interactive system according to claim 1, having an automatic turn-on feature and an automatic turn-off feature (*Ballantyne*: abstract; col. 8, lines 60-64; Fig. 1-12B).

(U) Claims 23-29 are substantially similar in scope to claims 1-18 and therefore, are rejected on the same basis as those claims.

As per the limitation in claim 29 reciting "a portable electronic device," *Ballantyne* discloses the use of a portable electronic device (*Ballantyne*: abstract; col. 8, line 65-col. 10, line 27; Fig. 1-12B).

(V) Claims 30-34 are substantially similar in scope to claims 1-18 and therefore, are rejected on the same basis as those claims.

(W) As per original claim 35, *Ballantyne* fails to *expressly* disclose a method according to claim 34, further comprising utilizing said gathered information to compute an amount due from at least one of advertisers and sponsors.

Nevertheless, these features are old and well known in the art, as evidenced by *Joao*. In particular, *Joao* discloses a method according to claim 34, further comprising utilizing said gathered information to compute an amount due from at least one of advertisers and sponsors (*Joao*: abstract; col. 6, line 65-col. 7, line 7; Fig. 1-15B).

One of ordinary skill would have found it obvious at the time of the invention to combine the teachings of *Joao* with the teachings of *Ballantyne* and *Soll* with the motivation of providing an apparatus and a method for processing and/or for providing healthcare-related information to individuals, such as patients (*Joao*: col. 8, lines 3-7).

Declaration

4. Although the Declaration of Michael Collette (hereinafter Declaration) is moot in view of new ground(s) or rejection.

Response to Arguments

5. Applicant's arguments have been considered but are moot in view of the new ground(s) of rejection.

Conclusion

6. Applicant's amendment necessitated the new ground(s) of rejection presented in this Office action. Accordingly, **THIS ACTION IS MADE FINAL**. See MPEP § 706.07(a). Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the date of this final action.

7. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Mike Tomaszewski whose telephone number is (571)272-8117. The examiner can normally be reached on M-F 7:00 am - 3:30 pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (571)272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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